

CLAIMS ONLY

Application Number _____

Filing-Date

Applicant(s)

59th

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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49						
50						
Total Indep						
Total Depend						
Total Claims						

4

22

26

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						